

Capacity/Title: Duner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

09 AUG -5 AM 8: 08

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address business under the assumed business n Name	(es) of the entity or individual(s) doing name: Complete Address
Amand L. Brunwaer	716 Bushnell
	Carlwell, 10 83605
The general type of business transacted Retail Trade Transportat Wholesale Trade Construction	tion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Assumed Business
The name and address to which future correspondence should be addressed: Amanda L. Brunngier	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
716 Bushnell Calcluell, ID 83605	(208) 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
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